

PERMANENT/TEMPORARY NOTIFICATION OF CHANGE IN PHARMACIST OF RECORD (FORM B)

This form serves to notify the Project Manager (PM) of a change in the Pharmacist of Record and is to be used in place of a revised Pharmacy Establishment Plan. If a revised *DAIT Pharmacy Establishment Plan (Form A)* is required, the PM will notify the PoR.

Instructions to the NEW Pharmacist of Record:

1. Type or clearly handwrite all information.
2. Complete all sections.
3. Print this form (if needed).
4. Sign and date this form.
5. Retain a copy of this form in the pharmacy.
6. Return this signed, original form AND a copy of your new curriculum vitae (CV) to the PM via mail, email, or FAX.
7. File this form in the SECDs.

Return to:

Study Project Manager*

Division of Allergy, Immunology, and Transplantation
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane Room #7D30
Bethesda, MD 20892 (*for U.S. mail*)

Rockville, MD 20852 (*for courier deliveries*)

*PM to send a copy to RMC, CPDC, & CRIS

Clinical Research Site Name:

Clinical Research Site Number:

Network/Consortium/Program/Grant:

Name of PREVIOUS/DEPARTING Pharmacist of Record:

Departure Date (MM/DD/YY)

Name of NEW Pharmacist of Record (PoR)

Pharmacy Phone Number:

Pharmacy Fax Number:

NEW PoR Email Address:

Check only one box:

Permanent change
Date effective (mm/dd/yyyy) _____

Temporary change
Dates effective (mm/dd/yyyy) from _____ to _____

Please read the following statements and initial in the spaces provided:

_____ I agree to comply with all of the information contained in the currently approved *DAIT Pharmacy Establishment Plan* that was **signed and dated on** _____.

_____ I have, on file, a copy of the "Investigational Product & Pharmacy Guidelines," **with the date** _____, which I have read and understand. I will follow these guidelines to maintain standardization and quality.

Signature of NEW PoR _____ Date (mm/dd/yyyy) _____

ONCE THE FORM IS RECEIVED, PROCESSED, AND ACKNOWLEDGED BY THE PM, THE ACKNOWLEDGEMENT EMAIL MUST BE PRINTED OUT AND FILED WITH THE SITE'S MOST CURRENT, APPROVED *DAIT PHARMACY ESTABLISHMENT PLAN*, ALONG WITH A COPY OF THE SUBMITTED NOTIFICATION FORM.